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LIMITED	
PARTNERSH	IP
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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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N. 4	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # A9400000223

1. Name of Limited Partnership

Baita Sunsh	ine Portfolio, L	td.	03	į	(1) (V)			
2. Principal Office Add		3. Mailing Office Addres			4. Date Formed or Registered To Do Business in Florida 02/	24/1994	4	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number 59-3229839		Applied For Not Applicable	
City & State		City & State Orlando, Flo	rida	-	CERTIFICATE OF STATUS DESIRED		ditional Fee required ertificate of Status	
Zip 32801		Zip 32801	Country USA	L	7a. Capital Contributions as shown or \$6,208,330.00		data	
	8. Name and Address of C	urrent Registered Ager	nt		7b. Amount of Capital Contributions in FLORIDA to date: \$6,208,330.00			
Name Matthew R. O'Kane Street Address (P.O. Box Number is Not Acceptable) 215 North Eola Drive Suite, Apt. #, Etc. City Orlando State Zip Code 0 32801			FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.					
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY								
40	· · · · · · · · · · · · · · · · · · ·		D AND ACTIVE General Partner	VE WI	TH THIS OFFICE.	10a,	Registration	
	General Partner(s) e Investments,		Office Box Numbers)	0rla	city, State and Zip Code	U U	049335	
:					3000384 06/29/0401022	139 002	193 **2052.50	
	R	EMSTA	EMEN	- 2	003-2004			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption sta	ated in Section 119.07(3)(i), Florida Statutes. I release the Division of
Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed	exempt from public access. I further certify that the information indicated
on this annual report is true and accurate and that my signature shall have the same legal effects as it made under oath. I furth	er certify that I am a General Partner of the limited partnership, receiver o
trustee empowered to execute this report as required by chapter 620, Florida Statutes.	
FYC Sunshine Investments, inc., a Florida corporation	
CONTINUE BY	DATE 6/22/04
SIGNATURE BY: FOOT SAME SIGNATURE	DATE
FYC Sunshine Investments inc., a Florida Corporation SIGNATURE By: Doron Schuldenfrei, President	
Typed or Printed Name of General Partner Signing Form	Telephone Number
7,500	